

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

05-28-2004 90001 025 \*\*\*150.00

**DOCUMENT # P03000153539**

1. Entity Name

AQUATIC SAFETY ASSOCIATES, INC.



Principal Place of Business

P.O. BOX 2625  
BONITA SPRINGS FL 34133

Mailing Address

P.O. BOX 2625  
BONITA SPRINGS FL 34133

2. Principal Place of Business

26140 Hickory Blvd  
Suite, Apt. #, etc.  
#601

3. Mailing Address

P.O. Box 2625  
Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL  
Zip 34134 Country US

City & State

BONITA SPRINGS FL  
Zip 34133 Country US

4. FEI Number

22-3254311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LUCENKO, LARISSA  
26140 HICKORY BLVD SILVER SANDS #601  
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME LUCENKO, LEONARD K  
STREET ADDRESS P.O. BOX 2625  
CITY-ST-ZIP BONITA SPRINGS FL 34133 ☐ Delete

TITLE EV  
NAME TOBIN, RICHARD P  
STREET ADDRESS 97 RUSSLING RD  
CITY-ST-ZIP INDEPENDENCE NJ 07840 ☐ Delete

TITLE ST  
NAME LUCENKO, LARISSA  
STREET ADDRESS P.O. BOX 2625  
CITY-ST-ZIP BONITA SPRINGS FL 34133 ☐ Delete

TITLE V  
NAME TOBIN, SUSAN  
STREET ADDRESS 97 RUSSLING RD  
CITY-ST-ZIP INDEPENDENCE NJ 37840 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/29/04 239-992-0119